

Office: Number:
10/507173

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	3 minus 20 =	
INDEPENDENT CLAIMS	1 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT	<input type="checkbox"/>	

If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
9-1004	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	3	20	<input checked="" type="checkbox"/>
Independent	1	3	<input checked="" type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>		

SMALL ENTITY TYPE OR **OTHER THAN SMALL ENTITY**

RATE	FEE	RATE	FEE
BASIC FEE		BASIC FEE	92
XS 9=		XS 16=	
X43=		X86=	
+145=		+290=	
TOTAL		TOTAL	92

SMALL ENTITY OR **OTHER THAN SMALL ENTITY**

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
XS 9=		XS 18=	
X43=		X86=	
+145=		+290=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total			
Independent			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>		

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
XS 9=		XS 18=	
X43=		X86=	
+145=		+290=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total			
Independent			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>		

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
XS 9=		XS 18=	
X43=		X86=	
+145=		+290=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

If entry in column 1 is less than the entry in column 2, write "0" in column 3.
 If "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 If "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 If "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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